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BULLETIN

of the
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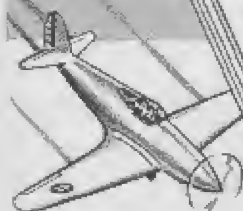
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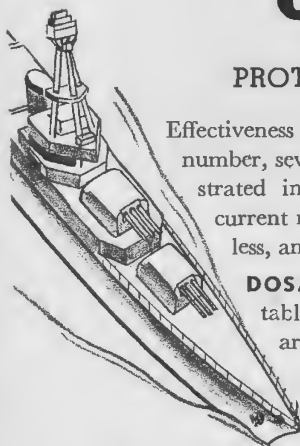
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PRESIDENT'S PAGE

These days nearly every physician everywhere in the country is trying his utmost to get into active service with some branch of the armed forces. It reminds me of the jealousy which existed between the Home and Foreign Missionary Societies in the church back home. That dear old lady now long dead, devout, intense in her devotion to duty but uncomprising when it came to the issue of the greater value of Home Missions over the Foreign Missions. Her opening prayer would invariably be, "God bless the 'furin' missions but don't forget the home."

Obviously for various reasons, we cannot all go to the war but there are definite "missions" at home besides "pinch-hitting" for those who have been called away. It is becoming increasingly difficult for Dr. Joe Hall's committee to furnish sufficient examiners for the screening tests on Tuesday. This job has priority over everything else except emergencies on Tuesday morning. It is purely a Home Front job with no medals. It is a duty of everyone left in the Medical Society to be there in order to complete these examinations without undue strain on just a few physicians.

We must be more cooperative with local Boards such as the Tire Rationing Board. The outline below is issued by the Board for your study and acceptance.

The Doctor's Status Under Tire Rationing

Since tire rationing was first established numerous changes have been made, all in the direction of stricter rationing, and today, the doctor's position is as herein outlined.

1. Doctors are not eligible for new tires when the ones they are driving are recappable.
2. Application must be made while casings are recappable.
3. In instances where the casing is injured, through no negligence of the doctor, and cannot be recapped, the Board may permit purchase of new casing but it must be shown that proper care has been exercised.
4. Boards are specifically directed not to ration tires to anyone failing to take proper care of their present equipment.

The local boards are likely to consider it lack of proper care where application to retread has not been made at the proper time.

It should be borne in mind that the local boards have very few discretionary powers and act on policy as laid down by Washington.

WALTER KING STEWART, M. D.
President.

September

Editorials ---

Fall Term Begins

It's back to school, for the children,—and for us!

It wasn't much of a vacation. In fact, summer this time hasn't been much of a summer. Besides, you can't have fun unless you're in a "funny" mood. There hasn't been much to tickle us, truth to tell.

The hero doesn't see himself as a hero. But he's where the fightin' is, and he gets a whack at his enemy—in person. That's fun,—as long as it lasts!

But most of us at home are old codgers whose combats are hypothetical. It's tough to slam down an abstraction,—call it Jap or Bosh!

What we've got to see is a strangled Hitler in every spirochete or strep we swat. Imagination, that's what we need. Every tonsil tossed into the tub must hit like a Messerschmitt. Every baby ushered into the world must be the bold brave soldier who smites the sword from the oppressor's hand.

These call for skill and knowledge. Let's get on with our training!

Dr. Forman

Our members know Dr. Forman. He is rated highly as a leader in medical journalism and as a prolific writer on Allergy, Nutrition, and other medical subjects. It is a rare treat, in days like these, that we are able to secure one so busy and whose contribution to us and to our community will be so valuable.

One thing most of us may not know: He was born in Austinburg, Ohio. Being born in Austinburg "is an important matter to anyone living in the Western Reserve,"—so says Dr. Forman himself! Anyway, the

doctor is as indigenous as the buckeye. Just a note: "A. B., Ohio State University; M. D., Starling Ohio Medical College; Lecturer on Allergy at Ohio State University College of Medicine; Chairman, medical section, Ohio Archaeological and Historical Society; represents the Ohio State Medical Association on the State Nutrition Committee for Defense; Director-General of the International Correspondence Club of Allergy; and Honorary member of the Society for the Study of Allergy of Argentina."

So much for that. He modestly admitted that he is "Grand President of Phi Rho Sigma Medical Fraternity; Sigma Xi, Honorary Scientific Fraternity; Alpha Omega Alpha; Life member of the Ohio Society of Pathologists; member of the Cleveland Society of Allergy; a member of the Society for the Study of Asthma and Allied Conditions."

Lastly, as Editor of the State Journal, Dr. Forman gets out for our special benefit one of the finest State Association publications anywhere.

Dr. Forman will use no lantern slides nor movies. He says he will "just lean over the rostrum and talk!"

Just what we want him to do!
C.B.N.

War Workers

Recently, a columnist, a self-proclaimed realist, has stuck verbal pins into the inflated ego of the war worker. He says that there is no unselfish patriotism about it; that those who tell him he's "the man behind the man behind the gun" is

(Continued on Page 287)



Jackie, an Isaly Booster

For twenty-five years, an Isaly Milkman has stopped daily at the home of Jackie's parents and grandparents, 1421 Florencedale Avenue. Cooperating in the wartime conservation program, the Isaly Milkman now stops every other day at Jackie's house . . . and almost invariably finds Jackie waiting . . . his arms filled with empty bottles . . . to see the "Isaly horsie." A bright, healthy little youngster of not yet quite two and a half years of age, Jackie was raised on and still receives his daily quota of Isaly's wholesome, nutritious, prize-winning Milk. Never-ending care insures the consistent, dependable quality of Isaly products.

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THE BEST LAID PLANS

O' C. D. and Men—

"We had things going good, but—," so said Dr. O. J. Walker, ruefully.

Dr. Walker, as you know, is chairman of the Medical Relief Division of Civilian Defense of Mahoning County.

Dr. Walker was talking to Dr. F. M. Sayer, Canton Health Commissioner, and Mr. David Zoller, Secretary-Director of Civilian Defense, of Canton.

These men had come here to find out "how,"—as applied to Mahoning County, we are going about this important war task. They had been sent to us,—in fact to Dr. Walker,—by the State Authorities connected with Civilian Defense.

This whole question having passed from the "hypothetical" to the possibly "real," so far as this large industrial area is concerned, it is of great importance to you, Doctor, as well as to everybody else, to realize a few things about it.

Elsewhere, broadly covering the matter, you will find an article on what the hospitals, have done. To them all possible credit is due. But you need to have a more complete picture of the set-up. The men from Canton got it, and were they pleased!

Get this: Everything is upset. That's nobody's fault. You get a hint about it in the hospital story. But this is whole-County stuff. Doctors gone, Dentists gone, Nurses gone, Citizens gone,—all out in the service. Nearly all of it to do over. Does Dr. Walker's outfit lie down and cry? They may cry, but they don't lie down!

This City-County thing is big! It

has many disappointing aspects. You can rest assured of that. But if we get "the finger," these people will be doing their best,—of that you may be sure.

Look at our Chiefs, Col. L. R. Boals, City Head of Civilian Defense, and Charlie Bailey, County Head of C. D. Those boys are patriots—not just patriots, they're WISE patriots. All they want is what is best for all of us. No loggerheads there. They're one. They know that bombings, blitzes,—phooey,—we've got to work, "all for one, one for all." Smart boys, they are and they work together.

You may not know a lot about this C. D. business. Nobody can blame you if you don't. But you're in it, and one of these times it may be just too bad if you don't. Well, to go on.

As old Alfred used to say, "Let's look at the record!"

Everything, it seems, has been thought out. Provisions have been made, practical provisions, for nearly everything. For example, take the Division of Spiritual Emergency. Maybe you don't think you need that. But your loved one is torn to pieces, maybe you are dying. Maybe you think such isn't necessary. But, brother you are wrong, you are VERY wrong! The churches, the belittled churches, what are they up to?

In the emergency stations, in the hospitals, in the improvised centers for the sick and wounded, they have arranged to go, bringing nicely, lovingly, prepared food, practical first aid to those who need it, tenderness and hope. These are great things, and they are now ready, to be given everywhere.

This hospital set-up. The half has

not yet been told. The Youngstown Hospital Association and St. Elizabeth's have worked out plans, with Dr. Walker's Committee, that really are surprising. They have surveyed their bed capacity, and have plans to supply 500 emergency beds and cots. But those are not all. These hospitals of ours will be able to care for 200 more at the Rayen and 200 at South High Schools. That's 900 in an emergency. But those aren't all. Four other high schools of 100 beds each and 50 each at Struthers high and at West Lakes Crossing will be made available if occasion demands. This is 1400 emergency beds, or at least cots, awaiting such conditions as may confront us.

These are not just "places" to which the wounded or sick may be taken. Supervising and attending nurses, orderlies, dentists and doctors are ready for the service that may be required.

In this area are 32 casualty stations. Of these 19 are in Youngstown proper. The rest are in this County and one is at Girard which although out of the County, is so close as to call for our care. "The limits of humanity's suffering are not County wide,"—might be one of the reasons. Until recently these stations have been completely ready. But, "we had things going good,—but," as Dr. Walker said.

So much of reorganization has to be done all over again. But you can "lay to it," no grass is growing under the feet of the Medical Division of Civilian Defense.

The stations in Youngstown have been located, with alternative sites in case such is necessary. The districts have been so laid out as to "corner" upon one another in the thickly populated Mahoning River Valley. This practical arrangement will make for convenient handling in cases of emergency.

A few more points,—our good old Boy Scouts, are in this set up. There are four Boy Scouts to each casualty station, ready with bicycles, to carry messages where needed. These dear boys are schooled and ready and you can count on those brave lads!

The Boy Scouts aren't all. There's the Red Cross Motor Corps. This is made up of girls trained to drive private cars wherever needed. This work of the Red Cross is only a part of that organization's magnificent effort to be ready when the crucial time comes.

This calls for a tribute to the foresight of the Executive body of the Red Cross. Hundreds of cots, blankets and other supplies, that far-sighted group of community servants had provided us with before the time came when they could not be obtained. This, we know, did not happen elsewhere. Having those things may mean the difference between life and death to many unfortunates. If no such emergency arises,—well, having provided for it won't make any difference, one way or another.

This brings us to the last of what we would say. How can we men, sacrificial as we feel ourselves to be, take unusual credit? Our women all are at the front. There are our farm women, who sacrifice and toil that our men may be fed. They know no hours, no over-time pay, they see that the hay is in, that the cattle are cared for, that the pigs are fed. They think only that the boys "out there" shall not go hungry. There are thousands of city women who knit and sew, who prepare surgical dressing,—everything they can do.

And there are the mothers whose sons are on the line of battle, girls whose sweethearts are on the altar of their Country, young wives,—whose children barely knew their fathers,—we shall never, no never, let them down!

PRESENT STATUS SELECTIVE SERVICE

By Joseph C. Hall, Chairman, Medical Preparedness Committee

The Selective Service system has now been in existence since October, 1940, and as the present emergency arose, has become a very definite problem. In the beginning, as at the present time, there were eleven examining boards, who carried on their examinations individually. After about three months there was a grouping who worked, one at St. Elizabeth's Hospital, another at the South Side Hospital, and one in Boardman.

It seemed useless for three groups doing the same work, so these examinations were done collectively at the Armory. The Mahoning County Medical Society went on record to assist in these examinations. It was a detailed one, consisting of a complete Urinalysis—blood test—eye, ear, nose and throat—heart and lung, and complete general. The members of the Society almost to a man co-operated, giving a very thorough and complete check-up for each man, ending with a definite acceptance or deferment. In case of question we had consultants who made the final analysis.

In making a conservative estimate, probably between 3% and 4% of the men being sent to induction centers were being rejected, and compared to other regions throughout the States, rated among the highest. However, in spite of this rather commendable showing, rumors began to make themselves felt to the effect that certain artifices were being propagated that the local doctors were accepting bribes, and that certain particular individuals had been shown preference.

Whether this latter development was the sole reason, or whether there were other essential reasons, the power to defer, reject, or accept a selectee was taken from the local

board doctors. The present screening examination was then adopted. This being accomplished by submitting to each board a list of defects which would disqualify. The list when perused, amounted to three ailments, namely: Allergic Asthma, Tuberculosis and Epilepsy. The examinations were then transferred to Princeton School with all the eleven boards participating and the members of the Society in general, contributing their time. This was followed in a very short time with a request for blood Kahn & Klines and the facilities were not adequate at the school, so once again the Armory was requisitioned, and the screening examinations are being carried out there at the present time.

Each Tuesday morning there are from four hundred to six hundred men examined. First a blood specimen is taken by six or seven doctors, who week after week have volunteered their services and their time, working as a group complete their job in a minimum time. Let it again be repeated, that all are not compelled to give their services, but willingly do so.

After the blood has been taken, the men have their heart and lungs examined, and then are given a general body inspection for any gross physical defects. Among these can be listed those of a major nature; loss of limb, disabling deformities or very evident chronic diseases. Of less significance: Hernia, badly infected mouths, flat feet, and recent operative scars. These latter temporarily defer the recruit until such time as the Army becomes able to remedy the defect. A recruit having any gross incapacitating heart or lung lesion can also be taken into consideration by the Board Doctor as being unfit for Military duty, providing that the Local Board is in agreement.

At this date the foregoing will hold true, but some of those registrants formerly in 1B may be placed in 4F, and the repeated positive serologicals, formerly 1B may also be classed 4F. Also Hernias, which were formerly 1B will also become 4F, and only those doubtful ones be classified in 1A. The new Form 220 which will list the various defects, has not been forwarded as yet to the local boards.

There have been since 1940, with the exception of a few weeks when the examinations were being done at Princeton School, some fifteen thousand

and recruits examined, these including classes 1A, 1B, 1C, and 4F. From that number there were some nine hundred sixty-four men rejected, and approximately nine thousand men inducted.

In conclusion, it might be said that while the present system of examinations seem rather superfluous, they must be carried on to assist the all-out effort. Furthermore, within the next few months they may be discarded. Regardless, the Doctors in this County have carried on in a most commendable way, and will continue to do so as long as they are required.

So They Should

By Morris Deitchman, M. D.

Don't you think it rather curious
Paul McNutt's become so furious
'Cause he thinks the docs don't doctor
As they could?

He says in tones imperious
The situation's serious
'Cause he knows the docs should
doctor
As he would.

The miner and the farmer and
The bricklayer and the charmer
All are working to his taste,—
And as they should.

And the roustabout and tailor,
And the carpenter and sailor
Mustn't overwork their biceps,—
If they would.

Mr. Green and Mr. Murray
Mustn't make their cohorts hurry
And put social gains in jeopardy
If they could.

Madame Perkins, in a flurry,
All night long will sit and worry
Lest the stevedores work harder
Than they should.

Messrs. Walsh, Fish and Nye,
Coughlin, Smith and the small fry
All are helping fight the war
As best they could.

And the bureaus of the letters
That will criticize their betters
Are all giving of their life blood
As they should.

Only the doctor, so says Paul,
We will have to overhaul
And divide him into sections—,
So we would.

Some to care for those inducted
And when those have been deducted
The rest will go on doctoring
Those they should.

To protect the young and tough
Forty hours will be enough
So we mustn't overwork them
If they would.

Let those forty-five and more
See the sick from door to door
And with threats will keep them at
it—,
As they should.

Mr. Paul we know it's serious
But you mustn't get imperious
We would gladly take it from you
Yes we would.

If by deed instead of talking
You could show the Japs you're
stalking
And not gathering votes for later
If you could.

THE MEDICAL CRIER

A Page of Sidelights, News and Views in the Medical Field

On every hand we hear people saying, "What are we going to do this winter when all these doctors are gone?" The question they ask gives rise to many thoughts. The implications are far reaching, they go back to the very fundamentals of human selfishness, the softening effects of peace and the lack of unity in our democracy.

But first to answer their question directly. They are going to learn to be more self reliant. They are going to get along on less medical care. The same as they are on less of many essentials. There is going to be adequate medical care for serious illness. The civilian population is going to be cared for by the cream of the medical profession—the doctors over fifty years of age and the younger ones who have defects which disqualify them for the armed services. Such doctors have judgment gained from years of experience and are capable of doing an enormous amount of work. All the specialties will be represented and there will be many general practitioners left.

The public will need to cooperate by not letting calls go until night, by going to the doctor's office when able and by going to the hospital when seriously ill. Every doctor should clip out and post in his waiting room the article by Le Monte in the Sunday Vindicator of Aug. 30th. It gives a careful analysis of the situation and tells what the public can do to help spread the service.

What about the other implications in the question? To follow on with the unspoken part of the question it would go like this:—"What about me? My comfort and safety is going to be interfered with. I don't like my way of living disrupted, I don't like to go without tires and sugar and meat. What about fuel this winter? Why doesn't somebody do something?" Yes, the question goes back

to the fundamentals of human selfishness and the softening influence of peace.

Von Moltke once said that war was necessary to purge a nation of the corruption of peace time. Whether he was right or not, we are now beginning to realize how soft this nation has grown through years of peace and security. Not only in lack of armament, but in the personal armor of integrity, courage and willingness to sacrifice personal comfort for the general good. Need we point to the evidence of this softness when it lies all around us? Congressmen freely admit that there will be no drastic war legislation until after the November elections. If there were two candidates for an office and one said, "I believe in calling upon the people for any sacrifice necessary to win the war," and the other said, "I don't think we need to draft these boys from eighteen to twenty. We don't need to go without things, there is plenty in this country for the civilians and the soldiers, too," which one would win. You can bet on the wishful thinker. Don't blame the congressmen. The blame goes right back to the voters.

It is only when the going gets real tough that the old American spirit begins to assert itself. The great bulk of the people are even now beginning to get aroused. People who have given up their sons and daughters to the war are not going to stand for the stoppage of their support through strikes, political fear or personal selfishness. Instead of saying, "Are they going to make you go?" they will be asking "What are you doing about it?"

As for the doctors, no one needs to doubt that they will do their part. Mahoning County already leads the state in its proportion of medical officers and there are many more ready to go as soon as they are needed.

PIONEERS IN ECONOMICS

(Excerpts from an address of Dr. J. H. Cooper, President of the Jackson County Medical Society, Kansas City, Mo., before the Fourth Annual Convention of the National Association of Medical Dental Bureaus.)

(Submitted by Dr. Wm. M. Skipp, President of our local Medical-Dental Bureau)

Professional Bureaus are doing a real pioneering job in directing the business side of medicine and dentistry and in so doing have enabled medical societies to turn their attention to matters scientific and various other activities. Most societies feel that the economic side of medicine is safe when in the hands of those who are in sympathy with the ideals and ethics of our profession. We feel we have added to our society an organization schooled in proper business procedure and the ethical handling of accounts. The Bureau is our representative.

In my opinion business bureaus should direct the executive office and the business bureau in its many ramifications, including group hospital service, surgical and medical care plans. I am firmly convinced that those hospital plans too far removed from medical society direction are riding for a fall; that when they are no longer controlled by our societies and hospitals they should cease to be service plans and take their place along with those that are controlled and managed by the insurance companies.

The participation of the medical and dental professions in the struggle for the survival of democracy and human decency was the signal for their active mobilization. The response has been satisfactory but the transplanting and induction, this year, of some 28,000-30,000 physicians into military service will automatically shift the responsibility for at least nine million potential patients.

Time is going to be of essential importance and the saving of time becomes a primary objective. This saving of time is also one of the reasons I have chosen this subject to give you a physician's interpretation of an efficient and competent medical business bureau to aid the profession and hospital in solving their problems in medical economics.

This movement of the professions and the hospitals to coordinate their activities pertaining to medical economics in a central office is of recent origin. It is the result of study and recognition of the fact that unpaid obligations for health have a direct relationship to the general health of the community. It is recognized that the changing economic and social conditions during the past few years have placed a greater burden on the profession and hospital. We firmly believe that persons who are indigent and can substantiate that classification are entitled to service without cost. Those who are gainfully employed are under an obligation to participate in the cost of maintaining and making available medical and dental care for all of the persons of the community. If this is not done on a voluntary basis then we lose our sense of a true democracy and the maintenance of health becomes a matter of federal control and taxation.

The Bureau of Economics of the American Medical Association has made exhaustive studies of the problem and has published "Collecting Medical Fees." They report records of the commercial collection agencies

September

and financing companies that are specializing in collecting medical accounts making a comparative study of the different types of organizations that are engaged in this work with a review of their methods of operation. They state, "One of the most significant developments in medical economics during recent years has been the organization of economic business units by county medical and dental societies. This movement towards professionally controlled bureaus has progressed most rapidly during the past five years and symbolizes the effort on the part of physicians and dentists to control the collection of medical and dental accounts in order to eliminate many of the misunderstandings that arise between the physician or dentist who has extended credit and his patient. Two forces have been largely responsible for the movement; first, the dissatisfaction with the methods used by commercial collection agencies, and second, the need for an agency to serve as a nucleus for organizing the business side of medical practice."

The following statement was recently made by a well known M. D. versed in economics. "The country is having a boom; national income has soared; the war is choking off more and more of the regular outlets for spending. There are fewer new cars, houses or refrigerators to dent a patient's budget. It means that medicine is going to receive a bigger slice of income than it ever has; that medical bills should be paid more regularly—if given proper attention." Perhaps, but it is my conviction that the physician who extends OVER liberal credit under present conditions is likely to find himself with a large sheaf of uncollectible accounts. Assume that the temper of time continues unchanged; assume that citizens continue to chase anti-inflation specifics and that, still intoxicated by their new found pros-

perity, they continue to buy tangibles and incur debts. What is going to happen when the tremendous weight of pyramiding war taxes begins to be felt.

The answer is obvious—many people will be left with an accumulation of bills and insufficient funds to pay them. The physician who has unwisely extended medical credit will be one of those left holding the sack. It's still impossible to repossess an appendectomy or any type of professional service.

Mounting taxes and expenses will of course cut into physicians' and dentists' incomes just as deeply as they will into every other income. Few of us will be in a position to absorb high credit losses. It seems to me, therefore, that the thing to do is to guard against these losses by tightening up on medical credit and the sooner we start, the better; for we can use the boom to husband resources against the future. One should not advocate that medical and dental care be placed on a cash basis. Whatever transpires on the national scene, individual physicians will see countless cases where the demands of a careful business policy must be tempered by humane judgment.

Although the collection of accounts is of primary importance to the bureaus and in some instances to the physician or dentist such features should be of secondary importance. The relationship between the physician or dentist and the public is of greater magnitude.

The professions are vitally interested in all activities that affect the relationship of physician or dentist and patient, public opinion and what politics may do to influence legislation to establish some form of compulsory medical and dental care as an adjunct to the Social Security Act. It is imperative that you observe the trend of public opinion and faithfully discharge the bureau's obligation in

(Continued on Page 277)



Honor Roll



From Private Practice

- Capt. O. A. Axelson, Camp Young, Indio, Calif.
 Capt. D. A. Belinky, Bowman Field, Louisville.
 Capt. Morrison Belmont, Robbins Field, Macon, Ga.
 Lt. Barclay M. Brandmiller, Camp Edwards, Mass.
 Major R. S. Cafaro, Camp Blanding, Fla.
 Capt. Fred S. Coombs, Technical Training School M. C., Madison, Wisc.
 Lieut. C. H. Cronick, Moody Field, Valdosta, Ga.
 Lieut. A. R. Cukerbaum, U. S. Naval Hospital, N. A. S., Corpus Christi, Texas.
 Capt. S. L. Davidow, M. C., 14th Field Hospital, c/o 213th Gen. Hosp., Camp Bowie, Texas.
 Lieut. G. E. DeCicco, 533 E.S.R., 3d Amphibian Brigade, Camp Edward, Mass.
 Major L. S. Deitchman, Army Air Training School, 720 Michigan Ave., Chicago, Ill.
 Capt. Samuel Epstein, Ft. Jackson, Columbia, S. C.
 Lieut. B. I. Firestone, Camp Rucker, Alabama.
 Major S. D. Goldberg, Camp Davis, Wilmington, N. C.
 Capt. John S. Goldcamp, Ft. Benjamin Harrison, Indiana.
 Capt. Raymond Hall, 32nd Station Hospital, Camp Rucker, Ozark, Ala.
 Capt. H. E. Hathhorn, Camp Adair, Corvallis, Oregon.
 Capt. Herman H. Ipp, Station Hospital, San Antonio Aviation Cadet Center, San Antonio, Texas.
 Capt. Paul M. Kaufman, Billings Hospital, Ft. Benjamin Harrison, Indiana.
 Lieut. M. M. Kendall, Robins Airfield, Macon, Ga.
 Lieut. J. P. Keogh, M. C. U. S. N. R., U. S. Naval Hospital, Pearl Harbor, T. H.
 Major J. E. L. Keyes, (Bushnell) General Hospital, Brigham, Utah.
 Lieut. S. J. Klatman, Alaska. No definite address or correspondence until later.
 Capt. Herman A. Kling, Fort Benjamin Harrison, Billings Hospital, Ind.
 Lieut. J. B. Kupec, Colorado Springs, Colo.
 Lt. Com. O. M. Lawton, U. S. S. Sumner, c/o Fleet Post Office, San Francisco, Calif.
 Capt. L. J. Malock, Fort Sam Houston, Houston, Texas.
 Capt. A. C. Marinelli, M. C., Station Hospital, New Orleans Staging Area, New Orleans, La.
 Major P. R. McConnell, Patterson Field, Fairfield, Ohio.
 Maj. W. D. McElroy, M.C.A.U.S., 32d Station Hosp., Camp Rucker, Ala.
 Capt. R. H. Middleton, Fort Hayes, Columbus, Ohio.
 Capt. L. H. Moyer, Ft. Leonard Wood, Illinois.
 Lt. Stanley Myers, M.C.U.S.N.R., c/o Postmaster General, San Francisco, Calif.
 Capt. M. W. Neidus, Camp Pickett, Va.
 Major G. G. Nelson, Fort Hayes, Columbus.
 Major John Noll, Jr., Army Air Forces, Technical School, 720 S. Michigan Blvd., Chicago, Ill.



Honor Roll



- Maj. T. E. Patton, Station Hosp., A.P.O. 836, c/o Postmaster, New Orleans, La.
 Capt. Asher Randall, Ravenna, Ohio.
 Ass't Surgeon (Reserve) Harold J. Reese, U. S. Public Health Service, Marine Hospital, Staten Island, N. Y.
 Lieut. J. A. Renner, c/o Postmaster, New York City.
 Lieut. J. A. Rogers, 2108 E. 7th St., Apt. 5, Charlotte, N. C.
 Capt. M. S. Rosenblum, Robbins Field, Macon, Ga.
 Capt. J. M. Russell, Fort Leonard Wood, Missouri.
 Lieut. Samuel Schwebel, M. C. U. S. N., U. S. S. Kankakee, A. O. 39, Postmaster, San Francisco.
 Capt. C. W. Sears, Wm. Beaumont Gen. Hospital, El Paso, Texas.
 Capt. John L. Scarnecchia, Hunter Field, Savannah, Ga.
 Lieut. L. S. Shensa, Camp Gordon, Augusta, Ga.
 Lieut. Henry Sisek, M. C., Med. Det. 41st., C. A., A. P. O. 952, c/o Postmaster, San Francisco, California.
 Major Ivan C. Smith, 1580th S. U. Station Hospital, Camp Campbell, Ky.
 Passed Ass't Surgeon (Reserve) M. M. Szucs, U. S. Marine Hospital, Cleveland, Ohio.
 Capt. Samuel Tamarkin, Hunter Field, Savannah, Ga.
 Lieut. W. J. Tims, (0-466186), The 10th A. D. G., Hq. A. P. O. 1254 c/o Postmaster, New York City.
 Lieut. C. C. Wales, Camp Grant, Rockford, Ill.
 Lieut. J. A. Welter, Camp Grant, Rockford, Ill.
 Lieut. Com. H. S. Zeve, Naval Air Station, Trinidad, British West Indies.

St. Elizabeth's Internes

Geo. L. Ambrecht	Donald Birmingham	Morris I. Heller
Andanto D. Amor	David D. Calucci	John T. Murphy
Nathan D. Belinky	Edw. F. Hardman	Stephen W. Ondash

Youngstown Hospitals' Internes

W. Frederick Bartz	Louis R. Kent	Paul W. Sutor
Kenneth E. Camp	Donald A. Miller	Frederick R. Tingwald
W. E. Goodman	Wm. S. Port, Dentist	R. W. Trotter
Woodrow S. Hazel	Charles R. Sokol	

St. Elizabeth's Hospital Nurses

Regina Aleksiejezyk	Mary L. Kelley	Congetta Pietra
Roselyn Block	*Mary Klaser (Deceased)	Ann Pintar
Eleanor Cassidy	Theresa Magyar	Mary Ribich
Hilda Cherasin	Josephine Malito	Rose Vartucci
Ann Dorsey	Margaret Meletic	Ethel Yavorsky
Catherine Doyle	Shirley O'Hara	Helen Zamary
Virginia Frame	Alma Pepper	Helen Zerovich
Ann Hassage	Catherine Pietra	Mary Ziroff
Margaret M. Hogan		

* Nurse Mary Klaser passed away July 15th at Billings Hospital in Fort Benjamin Harrison, Indiana.



Honor Roll



Youngstown Hospital Nurses

Ellen Andre	Rosemary Hogan	Ruth Reapsummer
Ethel Baksa	Mary Hovanec	M. Schnurrenberger
Suzanne Boehm	Elizabeth Hudock	Ruth Simmons
Stella Book	Agnes Keane	Mary Louise Smith
Betty Boyer	Katherine Keshock	Stella Sylak
Florence Brooks	Euginia Kish	Mary Taddei
Ruth Burrage	Irma Kruezheimer	Freda Theil
Margaret Davis	Marietta Leidy	Ursula Thomas
Dorothy Dibble	Ruby Lundquist	Madaline Vrancich
C. Ann Forsythe	Helen Ornin	Eleanor Wahn
Sylvia Friedman	Dorothy Oswald	Edna Williams
Elizabeth Heaslip	Edna May Ramsey	Miss Zook

Last month (August) the names of several of our members who had applied for service were not included in the published list. SEE JULY ISSUE PAGE 199, IN BOLD TYPE. We don't want to omit anyone—BUT CALL US! Furthermore, we are sending the Bulletin first class to our men in service and request that they acknowledge receipt of it. We at home will always be grateful to our Service Men for a word for the Bulletin.

CLAUDE B. NORRIS, Editor

Phone 37418

(Several doctors have already acknowledged receipt of last month's BULLETIN. We hope to receive many more).

The Following Physicians Have Applied for Commissions

Allsop, W. K.	Golden, T. K.	Morrall, R. R.
Askue, C. M.	Goldstein, M. B.	Nardacci, N. J.
Baker, E. C.	Goodwin, V. L.	Odom, R. E.
Banninga, H. S.	Harvey, P. J.	Reed, L. K.
Bennett, W. H.	Hatcher, W. F.	Rosenfeld, Jos.
Birch, J. B.	Herald, J. K.	Rummell, R. W.
Bowman, B. M.	Kocialek, M. J.	Ryall, W. W.
Brant, A. E.	Kramer, G. B.	Sedwitz, Samuel
Brandt, A. J.	Levy, D. H.	Skipp, Wm.
Brody, E. R.	Lewis, John	Stefanski, C.
Brown, J. D.	Lowendorf, C. S.	Stewart, W. K.
Buchanan, J. R.	Mahar, P. J.	Sunday, M. J.
Bunn, W. H.	Maine, W. E.	Thomas, J. H.
Burrowes, B. B.	McCann, J. N.	Vance, J. C.
Colla, Jos.	McDonough, J. J.	Warnock, C. H.
Deitchman, M.	McOwen, P. J.	Weaver, S. W.
Dulick, J. F.	McKelvey, G. M.	Weller, L. W.
Evans, W. H.	McReynolds, C. A.	Weltman, E.
Fenton, R. W.	Mermis, W. O.	Wenaas, E. J.
Fusco, P. H.	Mermis, W. L.	Yarmy, M. M.
Goldblatt, L. J.	Monroe, F. F.	Zoss, S. R.

FALL OPENING

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The Speaker:

**JONATHAN FORMAN, M. D.
Columbus, Ohio**

Dr. Forman is one of the best informed medical men on Nutrition in the United States. The subject is of great importance to us all, and our members, as well as guests, should not miss this opportunity to hear him.

**Tuesday, September 15th
YOUNGSTOWN CLUB
8:30**

For OCTOBER

POSSIBLE BACTERIOLOGICAL WARFARE

This program will be presented by a local group of doctors. Few of us fully realize the special significance of this very, very timely subject. This symposium is extremely important and members are urged to plan to hear it.

The Date—Tuesday Evening, October 20th

The Place—Youngstown Club

The Time—8:30 in the Evening

IMMEDIATE RESULTS---???

Upon receiving accounts for collection we strive for quick settlements because our expense of handling stops when the account is paid. But

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J. L. PRICE
Executive Director

Pioneers In Economics

(Continued from Page 271)

public relationship. Intelligent and diplomatic explanation to the patient regarding charges, service and the public obligation to share in the cost of maintaining medical and dental facilities will establish a better feeling between the professions and the patient.

The professional controlled bureau should be a centralized source of information concerning available facilities for medical and dental care in the community. It should have available the names of ethical practitioners and available hospitals. It should be a source of information concerning the activities of those whose methods or practice do not conform to the accepted principles of ethics. Since the establishment of bureaus under control of medical and dental societies the field of potential activities has become unlimited. A recent development is the budget plan which satisfactorily provides the patient with a means of liquidating his medical or dental obligations over a period of time and placing them on a basis that can be included in his family budget. Interchange of credit information is an essential activity; secretarial and telephone answering services which enable the physician to take in the activities of relaxation with full confidence that this service will see that all calls reach him and that he is available at all times to his patient. Accounting and book-keeping services aid the doctor in placing his practice on a sound business basis. It is important at this time to consider the service that a bureau can extend to the physician and dentist who are being called into the military service.

The professions, the hospital and the business bureau have a very large stake in the outcome of our present world-wide conflict. The continuation of the growth and development of medical and dental science de-

pends on the personal freedom of thought and unhampered investigation. These rights are as much in jeopardy from dictatorial as well as political lust for power as is free speech or the right to worship God according to the dictates of one's conscience.

(Editor's Note: The National Association of Medical Dental Bureaus was organized in 1939. Mr. J. L. Price, Executive Director of our Bureau was one of the founders and is still Secretary-Treasurer and Editor of the Association's publication.)

Our Hospitals Ready

Whenever the blow strikes, our hospitals are ready. Both organizations, The Youngstown Hospital Association and St. Elizabeth's, have plans carefully worked out to take care of large emergencies.

Working closely with other civilian defense operations, the staffs of both hospitals are prepared as thoroughly as is humanly possible for such demands as may be made upon them.

Blood banks are ready, surgical service is set up to cope with casualties, laboratory technicians are on the alert, X-Ray facilities are ready for instant response, and nurses, supervisors, and orderlies, know what is required of them.

These preparations are made now, so that no panic need result. In spite of checking and rechecking, experience "under fire" may reveal some in-coordination. But so thoroughly has everything been "charted" as to make certain prompt and efficient service, without break and without any demoralization. These things have been carried on in spite of the loss of many members of both staffs.

The medical and surgical staffs of both hospitals deserve praise for their splendid efforts. They recognized their jobs early and have quietly prepared to do them effectively.

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ALONG THE BATTLEFRONT—

History of Lawrence County Medical Society

By Dr. John Foster, F. A. C. S. M. D.

(Bulletin, Lawrence Co. Med. Soc.)

After repeated requests by the President of our society, the writer has consented to correlate the facts and facts—turns, connected with the Lawrence County Medical Society, during the past fifty years of its existence, as the local unit of the Medical Society of the State of Pennsylvania, and the history will appear in the County *Bulletin*, as space will permit in serial form.

This looks, on the surface, to be an easy task, but is not, as it has required a lot of work to collect what information I here present; and no doubt much has escaped my notice or has been forgotten.

I have rather enjoyed having the memories revived of the many men I have been associated with. The pleasant meetings, the disputes, yes, almost fights, as we have had men who would fight at the drop of a hat.

But most of these men have passed on (just where I don't know), but I do know their goal was not money or public acclaim. Their one and only ambition was to be known as thoroughly reliable and competent Physicians and Surgeons, respected, honored and revered by the people of the community, doctors and friends who could be depended on in any physical or mental trouble. Surely these men are eligible to become guests of St. Peter and will be found present at the last Roll Call. At least I shall be disappointed if any are absent.

The qualifications related above were their most formidable weapons in their combat with disease. They knew very little about disease and its treatment, compared with what

we know today, but by the use of psychology and common sense their results were very good. They made thorough physical examinations and they also did some Laboratory work; for instance if diabetes was suspected they would instruct the patient to urinate on the ground. If bees collected they knew patient had sugar diabetes. They measured the percentage by the number of bees and how long they remained on the job. Certain doctors were sure cure in Typhoid Fever, Warts, Rheumatism, Gonorrhea, etc., and it is not so long ago when almost all the young doctors had a unit in their office for the purpose of irrigating the urethra.

This they used religiously, twice weekly, thereby insuring a deep urethral and prostatic infection. This was, of course bad, but it had its good side too, as it promoted morality by inculcating fear. Patient was afraid to get another infection. Now we give this case a few Sulfathiazole tablets, clear it up in three or four days. No worse than a bad cold. He goes out and gets another dose—nothing to it. Gonorrhea is cured, fear removed—morality likewise.

Reference

By Damon Runyon
(Daily Mirror)

Sol Bloom, congressman from New York, was at one time in the mail order business, selling phonographs on approval. It seemed like an ideal business. People who answered his ad would either pay for the machines or return them. At least, that was Mr. Bloom's supposition.

Unfortunately, many of his customers did neither. Alarmed by the losses he was taking, he hit on a plan to determine his customers' honesty—in advance. Upon receiving a request for a phonograph, he would reply that he would gladly send a machine if the customer would send

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him the name and address of the family doctor, as a reference.

To those who sent their doctor's names, he promptly sent a phonograph—without even troubling to get in touch with the medico. In a short while, he had no credit losses.

"But what has a doctor got to do with selling phonographs?" asked one associate in amazement.

"Well, here's the way I figure it," explained Bloom. "Everyone knows that a physician is the last person in the world to get paid. If a customer is willing to send me his doctor's name as reference, it means he has paid him all his bills. If he'll pay the doctor, you can be sure he'll pay anybody!"

Society and Medical Progress

By Bernhard J. Stern

(From the A. M. A. Journal)

The author's point of departure is "that medicine, both as a science and a profession, is inextricably bound up with the social process and with scientific developments in other fields." It shares in the cyclic movements of industry, government and education. "The long road to medical science" is built round or over or blasted through vested interests, superstition, bigotry, tradition, quackery, astrology and other obstacles to human progress. Medicine advances most rapidly when it is closest to the life of humanity and stagnates in scholasticism. These truths are told well and illustrated thoroughly, making a work of fundamental value to all who are interested in society and medical progress. The historical is better than the contemporary treatment, although the chapters on urbanization, the conquest of famine, and income and health build a good foundation for an understanding of many present problems. Emphasis is placed on the part played by "tools," buildings, institutions—on everything but the increased knowledge of the physician in the diagnosis and treat-

ment of disease. There is frequent reference and condemnation of the "lag" between discovery and the application of medical advances but almost no mention of the ways by which organized medicine has shortened that lag through scientific testing, standardizing and endorsement or rejection of new developments. Universities and hospitals are given almost sole credit for fixing standards of medical education. It would seem that one significant "lag" has been overlooked—that between the author's knowledge and existing achievements of the medical profession.

Self-Dusting

(Sedgwick County, Kansas, Medical Bulletin)

Many of us are prone to complain to our office girl that the fixtures have not been thoroughly dusted. We complain to the building manager that the walls or floors are not kept up as they should be. We become tired of our office furniture and have it refinished, or perhaps buy new. We look at our surroundings with critical eye and when dissatisfaction becomes too disturbing we do something about it.

But how often do you look at yourself as an individual—as a human entity? What are you doing about that mind? Have you recently stepped out of yourself, stood at a distance and with critical eye evaluated yourself physically, spiritually, intellectually? You owe it not only to yourself, but to your patient to do so. Your patient comes to you with confidence and trust that you can help him. You must keep yourself well dusted if you are to serve him best.

Treat only one patient at a time. When you have an individual in your office make *him* feel and make yourself feel that he is the *only* patient in existence. Give him your full attention to the exclusion of others that have been or may come

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to you. Do not be in a hurry with him, do not rush him, do not let him feel that you want to get rid of him. When the time comes he should go, tactfully open the door and human nature will take care of the rest, for, have you not noticed it is indeed difficult to resist passing through an open door?

Let the patient know you appreciated seeing him. All of us have been buoyed up by a patient's expression of gratitude for what we may have done for him, yet do we not also owe some expression of gratitude to the patient? The mere fact he came to you is a compliment to your ability and integrity. Let us take a moment of time to show this appreciation to the patient—observe its effects upon the patient and upon you.

Further Arrangements for the Treatment and Study of Poliomyelitis in This Locality

DAVID SILVER, M. D.

In the Bulletin of September 20, 1941 was outlined a plan for the treatment and study of poliomyelitis by the Allegheny County Medical Society, the various interested departments of the University of Pittsburgh in association with the Municipal Hospital and the Allegheny County Chapter of the National Foundation for Infantile Paralysis, as well as the several Homes for Crippled Children. The results obtained during the past year have been distinctly gratifying and have justified the expectation that the earlier these cases come under treatment the higher the percentage of complete or nearly complete recoveries.

As the seasonal outbreak of this disease may now be expected, the representatives of the various interested agencies met at the Children's Hospital on June third to formulate plans for the coming year. The difficulties imposed by decreased medical and nursing personnel are obvious

but it is felt that these will be offset to a considerable degree by the greater experience in administrative details and the increased physiotherapeutic personnel made available through the special course arranged by the School of Physiotherapy for young women interested in this special branch of physiotherapy, a considerable number of applicants having already been accepted.

The course of procedure for admission to the Municipal and the Contagious Department of the Children's Hospitals, where ample facilities for the care of acute cases are available, remains unchanged from last year.

Suspicious cases—those in which poliomyelitis is suspected but can not be diagnosed with certainty—should be admitted. Where for any reason this can not be arranged, a consultant will be furnished in indigent cases on application.

The fight against poliomyelitis can be won only through the fullest possible cooperation of the profession. During the summer months physicians should keep the possibility of this disease in mind in all acute illnesses. Even in those cases which apparently clear up in a few days we should safeguard them still further by insisting on several additional days of absolute recumbency. Further suggestions will appear in later issues of the Bulletin.

CORRECT COUNT

An inquisitive friend called on her recently widowed neighbor, and soon got on to the subject of what her husband had left her.

"As your husband died intestate, you will, of course, get a third," the caller suggested.

"No, I hope to get a fourth," was the prompt reply. "He was my third husband, you know."

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Formerly Chief Physician, State Hospital for Insane, Norristown, Pa.



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ide).

SOLD IN DRUG STORES

SINCE LAST MONTH—

Dr. and Mrs. Samuel Tamarkin and children, Anita and Ivan, have returned from a three week vacation at Madison on the Lake. Dr. Tamarkin has been commissioned a captain in the U. S. Army Air Force and leaves September 9th for Hunter Field, Savannah, Georgia.

Dr. L. G. Coe has returned from Chicago where he completed a six weeks post-graduate course in urology at Cook County Hospital. While there, he visited with Major L. S. Deitchman and Major J. Noll who are stationed at the officers quarters in the Steven's Hotel.

Dr. J. Colla has been notified that a captain's commission awaits him just as soon as he can settle several minor details as to birth certificate, citizenship, etc.

Dr. T. K. Golden is convalescing in St. Elizabeth's Hospital from a recent minor but incapacitating operation.

Drs. J. M. Ranz, R. B. Poling and J. F. Nagle have returned from their fishing trip to Georgian Bay, Canada.

Dr. D. H. Levy is taking over Dr. Samuel Tamarkin's offices in the Home Savings & Loan Bldg. during his enlistment in the armed forces.

Dr. M. B. Goldstein has been informed that his application for a commission in the U. S. Navy has been accepted. He will receive a Lt. Commandership. Date of leave has not been set.

Dr. J. B. Kupec has been commissioned a First Lieutenant in the U. S. Army. He leaves September 12th for the Army Air Base at Colorado Springs, Colorado.

Dr. P. J. Mahar has returned from Miami Valley Hospital in Dayton, Ohio, where he attended clinics on fever therapy. Dr. Mahar will be

in charge of Fever Therapy at St. Elizabeth's Hospital during the absence of Major I. C. Smith and Lieutenant L. Shensa who preceded him in this capacity. Dr. Mahar was especially impressed with the one day treatment of Luetics.

Dr. M. W. Nejdus has received a captain's commission in the U. S. Army. He leaves September 15th for Camp Pickett, Va.

Dr. H. J. Reese has received a commission as Assistant Surgeon in the U. S. Public Health branch of the Navy. He leaves September 13th for Staten Island, New York.

Dr. J. L. Scarnecchia has been commissioned a captain in the U. S. Army Air force. He leaves September 9th for Hunter Field, Savannah, Ga.

Dr. and Mrs. J. J. Wasilko announce the birth of a daughter, Judith Lynn, at St. Elizabeth's Hospital on 8-22-42.

Dr. M. H. Belmont has received a captain's commission in the U. S. Army. He leaves September 8th for Robbins Field, Macon, Georgia.

Dr. S. Kronenberg, of the 1941-42 interne staff of St. Elizabeth's Hospital has been commissioned a First Lieutenant in the U. S. Army.

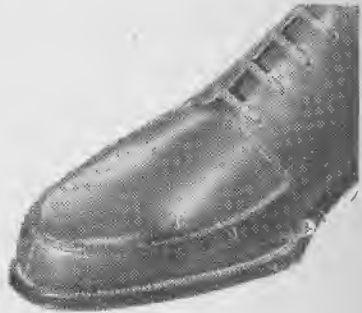
Drs. C. S. Lowendorf and Saul Tamarkin were hosts to the Staff of St. Elizabeth's Hospital at the latter's home on Thursday, September 3rd. The party was a send off for the staff members who are leaving shortly for the armed forces. Major S. R. Cafaro, on several days leave, was a welcome guest. He gave the neophytes the low down on army life and demonstrated that army officers can hold their own with civilians in games of chance.

Dr. M. M. Szucs has been notified that his application for a commission as Passed Assistant Surgeon in the U. S. Public Health Service

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of the Navy has been accepted. He will be stationed at the U. S. Marine Hospital in Cleveland.

Dr. A. K. Phillips of the 1939-40 interne staff of St. Elizabeth's Hospital has received his commission as First Lieutenant in the U. S. Army. He is stationed at Carlisle Barracks in Carlisle, Pa.

Lieutenant R. V. Clifford of the U. S. Navy was in town for several days recently. He is stationed at Moorehead City, Va. Mrs. Clifford and their four children departed with him for his new post and will establish their residence there.

Dr. Morris S. Rosenblum has received a captain's commission in the Army and is leaving on the 8th for service at Robbins Field, Macon, Ga.

Lieut. Mary E. Ziroff, a graduate of St. Elizabeth's Hospital has arrived safely in England. Miss Ziroff enlisted in the army nurse corps in June.

Dr. David A. Belinky has been commissioned a captain in the U. S. Army medical corps and is reporting September 8th at Bowman Field, Louisville. Dr. Belinky's brother, Dr. Nathan D. Belinky, is a captain and was last heard from at Corregidor.

Word has been received of the safe arrival of Dr. Walter J. Tims in Great Britain. Dr. Tims entered the armed services last May, becoming a flight surgeon at Patterson Field, Fairfield, Ohio.

Dr. Fred S. Coombs received a commission as captain in the air force technical training school medical corps and reported September 2nd at Madison, Wisconsin.

Dr. and Mrs. R. B. Poling celebrated their silver wedding anniversary Sunday, August 23rd.

Lt. Commander E. W. List requests that the Bulletin be sent to him. He is with the 12th Construction Battalion, U. S. Navy, S. S. W.

He gets his mail in care of Postmaster, San Francisco.

Lt. Commander List writes that he is doing well and enjoying his work.

Major Patton

Dr. Thomas E. Patton, of the Marine Corps, who enlisted as Lieutenant in December, 1940, was promoted to Major last February. Major Patton served also as Captain from November, 1941, until his new appointment.

Major Patton's rise in the service reveals conspicuously effective service.

EDITORIALS

(Continued from Page 263)

talking only bunk; that the war worker does it only because that's all there is for him to do and because it pays him well. This stark realist goes on to say that the war worker knows this and doesn't go for all this sentimental gush about how he is sacrificing, toiling and sweating because of his love for his country.

Certainly, the laborer is giving, or allowing others to give, support to this sordid view. Every day we read of strikes in essential war work. Most of these are unauthorized. But that fact only emphasizes that too many workers lack a sense of moral responsibility to serve their country during these dangerous days. Furthermore, such an attitude underscores the lack of discipline upon the part of labor leaders.

We have sent many of our profession into our Country's Military Forces. These men have left their families to live on greatly reduced incomes. Some of them will not come back. The same is true of others, from privates on up.

Labor would do well to remember that great blame or great credit will be the verdict of these men when they return home. And the books will be balanced,—regardless!

Sid's Back

Aug. 9, 1942

Dear Claude: Start Aug. 17 as Medical Director, Trojan Powder Co., Sandusky, Ohio. Hate to leave here but must help lick Hitler and Hirohito. May visit you before long. Please change Bulletin to, Shasta Beach, Huron, Ohio, where I have rented a furnished home on Lake Erie.

"Sid" McCurdy.

Acknowledgements of having received Bulletins have come from the following:

Major Ivan C. Smith
Captain Herman H. Ipp
Major J. E. L. Keyes

DIRECTIONS NEEDED

Young Bride, timidly: "That baby tonic you advertise, does it really make babies bigger and stronger?"

Drug Store Clerk: "We sell lots of it, and we've never had a complaint."

Young Bride: "Well, I'll take a bottle."

Completing the purchase and leaving the store, the bride returned in about 10 minutes and cornered the clerk again.

Young Bride, whispering: "I forgot to ask. Who takes it—me or my husband?"

IRREFUTABLE

Wife (wailing): "How can you talk to me like that, after I've given you the best years of my life?"

Husband (unimpressed by her emotion): "Yeah; and who made them the best years of your life?"

SURPRISE

In St. Louis a man stripped for a physician, bared an abdominal tattoo reading: "Hello, Doctor."



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